09/20/2011 15:18

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Massachusetts Republican State Congressional Committee 85 Merrimac St. ADDRESS (number and street) Suite 400 Check if different than previously Boston MA 02114 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00042622 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 02 0 1 2011 02 28 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **Brent Anderson** Type or Print Name of Treasurer Electronically Filed by Brent Anderson 03 20 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Massachusetts Republican State Congressional Committee м м 0 2 Y Y Y 2011 м м 0 2 D D 28 D D 0 1 2011 Report Covering the Period: From:

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a)	Cash on Hand January 1 2011		115852.05
(b)	Cash on Hand at Begining of Reporting Period	91972.45	
(c)) Total Receipts (from Line 19)	54275.64	89989.74
(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	146248.09	205841.79
То	tal Disbursements (from Line 31)	72362.02	131955.72
Re	porting Period ubtract Line 7 from Line 6(d))	73886.07	73886.07
the	ebts and Obligations owed TO e committee (Itemize all on hedule C and/or Schedule D)	0.00	
the	e committee (Itemize all on hedule C and/or Schedule D)	5660.20	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

м м 0 2 0 1 м°м 0 2 2 8 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 12668.64 30521.74 (i) Itemized (use Schedule A) 41527.00 59388.00 (ii) Unitemized (iii) TOTAL (add 54195.64 89909.74 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 80.00 80.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 54275.64 89989.74 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 54275.64 89989.74 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 54275.64 89989.74 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	72362.02	131955.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	72362.02	131955.72
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	0.00	0.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	72362.02	131955.72
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	72362.02	121055 70
from Line 31)	/2302.02	131955.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	54275.64	89989.74	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	54275.64	89989.74	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	72362.02	131955.72	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	72362.02	131955.72	

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Con	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BARROWS BARROWS INSURANCE Mailing Address 215 NORTH MAIN ST City MANSFIELD FEC ID number of contributing federal political committee. Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	State Zip Code MA 02048 C Occupation INFORMATION REQUESTED PER Aggregate Year-to-Date ▼ 848.64	Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) JOHN BEAR Mailing Address P.O. BOX 1757 City DUXBURY FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State Zip Code MA 02331 C Occupation RETIRED Aggregate Year-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial) CRAIG BEST Mailing Address 88 ROCKPORT ROAL DO NOT CALL City WESTON FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code MA 02493 C Occupation DOCTOR Aggregate Year-to-Date 250.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional) .		1198.64

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo D	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 7 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Con	e name and address	of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT BRACE Mailing Address 9 JACKSON POND City DEDHAM FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)		Zip Code 02026 7-to-Date ▼ 500.00	Date of Receipt M M D D 2 0 1 1
Full Name (Last, First, Middle Initial) NELSON BURBANK Mailing Address 24 JUNIPER CIRCLE City READING FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)		Zip Code 01867 r-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial) DAVID ECKERT Mailing Address 128 BOSTON POST I City WAYLAND FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify)	State	Zip Code 01778 r-to-Date ▼ 1000.00	Date of Receipt M M D D D Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Massachusetts Republican State Co	d Statements may not be sold or used by any personal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CLAY EVANS Mailing Address PO BOX 792 City NANTUCKET FEC ID number of contributing federal political committee.	State Zip Code MA 02554	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer STUDENT Receipt For: Primary General Other (specify) ▼	Occupation STUDENT Aggregate Year-to-Date 300.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) CLAY EVANS Mailing Address PO BOX 792 City NANTUCKET FEC ID number of contributing federal political committee. Name of Employer STUDENT Receipt For: Primary General Other (specify)	State Zip Code MA 02554 C Occupation STUDENT Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 2 3 2 3 1 2 0 1 1 Transaction ID: SA11.184366 Amount of Each Receipt this Period 250.00 CONTRIBUTION
Full Name (Last, First, Middle Initial) PAUL GREGORY Mailing Address 19 MILL POND City MARBLEHEAD FEC ID number of contributing federal political committee. Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	State Zip Code MA 01945 C Occupation INFORMATION REQUESTED PER E Aggregate Year-to-Date 250.00	Date of Receipt M M D D 2 0 1 1
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numb	•	425.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/3/ (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Massachusetts Republican State Co	ongressional C	ommittee	
Full Name (Last, First, Middle Initial) PAUL GREGORY			Date of Receipt
Mailing Address 19 MILL POND	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City MARBLEHEAD	State MA	Zip Code 01945	Transaction ID: SA11.184554 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORM	n ATION REQUESTED PER E	CONTRIBUTION BEST EFFORTS
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) ALFRED L. GRIGGS	Date of Receipt		
Mailing Address 1 ROUNDHOUSE P	0 2 1 4 2 0 1 1		
City NORTHAMPTON	State MA	Zip Code 01060	Transaction ID: SA11.183781
FEC ID number of contributing federal political committee.	C	01000	Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORM	n ATION REQUESTED PER E	CONTRIBUTION BEST EFFORTS
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) FREDERICK HAFER	Date of Receipt		
Mailing Address 1010 WALTHAM STREET, APT. H291			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LEXINGTON	State MA	Zip Code 02421	Transaction ID: SA11.184247 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer RETIRED RETIRED		VETE	220.00
			CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)		595.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10/37 (check only one)
A	ny information copied from such Reports and Si for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong			
_	Full Name (Last, First, Middle Initial) WILLIAM K. HOSKINS			Date of Receipt
	Mailing Address 85 E INDIA ROW APT	0 2 1 0 2 0 1 1		
	City BOSTON	State MA	Zip Code 02110-3348	Transaction ID: SA11.183886 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer HOSKINS & ASSOCIATES	Occupation		CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) GREGORY HOWES	Date of Receipt		
	Mailing Address 110 COTTAGE ST.			02 24 7 2011
	CONCORD	State MA	Zip Code	Transaction ID: SA11.184368
	CONCORD FEC ID number of contributing federal political committee.	C	01742	Amount of Each Receipt this Period 500.00
	Name of Employer INFORMATION REQUESTED PER	Occupation	n ATION REQUESTED PER E	CONTRIBUTION
	BEST EFFORTS Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) MATTHEW KESWICK			Date of Receipt
	Mailing Address 231 VICTORY ROAD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11.184367
	NORTH QUINCY FEC ID number of contributing federal political committee.	C	02171	Amount of Each Receipt this Period 250.00
	Name of Employer KESWICK CONSULTING PRESIDE			CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1250.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 37 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)			
Massachusetts Republican State Cor	ngressional Committee		
Full Name (Last, First, Middle Initial) KURT LANZA		Date of Receipt	
Mailing Address P.O. BOX 2178		02 10 2011	
City	State Zip Code	Transaction ID: SA11.183892	
LITTLETON	MA 01460	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer INFORMATION REQUESTED PER	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION BEST FEFORTS	
BEST EFFORTS Receipt For:	Aggregate Year-to-Date ▼	3231 211 31113	
Primary General Other (specify) ▼	250.00]	
Full Name (Last, First, Middle Initial) SUSAN MATTES		Date of Receipt	
Mailing Address 9 HARDY ROAD		02 07 201	
City	State Zip Code	Transaction ID: SA11.184249	
MARLBOROUGH	MA 01752	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer ASTRAZENECA R&D BOSTON	Occupation RESEARCH SCIENTIST	CONTRIBUTION	
Receipt For:	Aggregate Year-to-Date ▼	7	
Primary General Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial) KONICA MINOLTA		Date of Receipt	
Mailing Address 500 DAY HILL RD		0 2 1 6 2 0 1 1	
City	State Zip Code	Transaction ID: SA11.184311	
WINDSOR	CT 06095	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1500.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER B	CONTRIBUTION BEST EFFORTS	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1500.00]	
	<u> </u>	2250.00	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/37 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Con	e name and address of any political committed	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) PAUL MORGAN Mailing Address 23 EAGLES NEST RE City DUXBURY FEC ID number of contributing federal political committee. Name of Employer MORGAN CONSTRUCTION Receipt For: Primary General Other (specify)	O. State Zip Code MA 02332-5111 C Occupation RETIRED Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) WILLIAM HUGH MORTON Mailing Address 1480 DRIFT ROAD City WESTPORT FEC ID number of contributing federal political committee. Name of Employer MORTON LAW OFFICE Receipt For: Primary General Other (specify)	State Zip Code MA 02790 C Occupation ATTORNEY Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) OSWALDO PALOMO Mailing Address 9 PRESIDENTS STRI City EAST HAMPTON FEC ID number of contributing federal political committee. Name of Employer ADS VENTURES, INC. Receipt For: Primary General Other (specify)	State Zip Code NY 11937 C Occupation ACCOUNT MANAGER Aggregate Year-to-Date 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional) .		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) HORACE SCHERMERHORN Mailing Address 10 VILLAGE DRIVE City EAST SANDWICH FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State MA C Occupatio RETIREI Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 1 1 Transaction ID: SA11.184297 Amount of Each Receipt this Period 150.00 CONTRIBUTION
Full Name (Last, First, Middle Initial) HORACE SCHERMERHORN Mailing Address 10 VILLAGE DRIVE City EAST SANDWICH FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State MA C Occupatio RETIREI Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 2 3 2 0 1 1 Transaction ID: SA11.184344 Amount of Each Receipt this Period 150.00 CONTRIBUTION
Full Name (Last, First, Middle Initial) GILBERT STEWARD Mailing Address 137 LARCH ROW City WENHAM FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State MA C Occupation RETIREI Aggregate		Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			2300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 37 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Massachusetts Republican State C	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) FRANCIS VENDITTI Mailing Address 160 WARREN AVE City SEEKONK FEC ID number of contributing federal political committee. Name of Employer SEEKONK SPEEDWAY Receipt For: Primary General Other (specify)	State MA C Occupation MANAGE		Date of Receipt M M M / D D / 2 5 2 0 1 1 Transaction ID: SA11.184400 Amount of Each Receipt this Period 500.00 CONTRIBUTION
Full Name (Last, First, Middle Initial) D. BRADFORD WETHERELL Mailing Address 47 FRESH POND L City CAMBRIDGE FEC ID number of contributing federal political committee. Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	State MA C Occupation INFORM	Zip Code 02138 n ATION REQUESTED PER B e Year-to-Date ▼ 300.00	Date of Receipt M M 25 2011 Transaction ID: SA11.184409 Amount of Each Receipt this Period 300.00 CONTRIBUTION BEST EFFORTS
Full Name (Last, First, Middle Initial) GEORGE YOUNG Mailing Address 235 WALKER STRI APT 252 City LENOX FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: Primary General Other (specify)	State MA C Occupation RETIRE		Date of Receipt M M M / D D / 2 5 2 0 1 1 Transaction ID: SA11.184371 Amount of Each Receipt this Period 300.00 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional	()		1100.00
TOTAL This Period (last page this line num	ber only)		12668.64

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 37 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements mag	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	ressional C	committee	
Α.	Full Name (Last, First, Middle Initial) SHARON RANDALL COMMITTEE			Date of Receipt
	Mailing Address 4 PIERCE ST.			0 2 0 9 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11.184005
	MARBLEHEAD	MA	01945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer	Occupatio	on	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 40.00	
- В.	Full Name (Last, First, Middle Initial) PAUL BURKE			Date of Receipt
	Mailing Address 37 WHITE ST			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11.184003
	QUINCY	MA	02169	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer	Occupatio	n	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 40.00	

		_	 _	_	 	_
SUBTOTAL of Receipts This Page (optional)	•			_	 80.00	
TOTAL This Period (last page this line number only)	•				80.00	

	(FEC Form 3	· 1	Use sepa	arate schedule(s)		_	LINE k only	NUMBE	ER:			P	AGE	16 / 3	37	
EMIZED DISE	BURSEMENT	rs		category of the Summary Page		X 2	1b 7	22 28a	Н	23 28l	_s F	24 28c		25 29		
ny Information copied for commercial purpo															;	
NAME OF COMMIT		g the hame a	and addic	33 of any political	COII		10 30	non com	iibut	10113	1101	30011	COIIII	inticc		
Massachusetts R	, ,	Congression	onal Con	nmittee												
Full Name (Last, Fire								Trans Date				SB.1				
Mailing Address	62 Dwight St. Apt. 1							0 ^M 2	М	/	0 2	2 /	^Y 2	0 1 1	Y	
City Brookline	7101.		ate IA	Zip Code 02446				Amo	unt o	of Ea	ch C	isburse	emen	t this F	- Perio	
Purpose of Disburse PAYROLL	ement				Г	• •		L.	-				9	16.78	\$	
Candidate Name					С	ategory	y /									
Office Sought:	House Senate President		ent For: Primary Other (spe	General ecify) ▼												
	istrict:	_														
Full Name (Last, Fire ANTONY FERRU								Date	of D	isbu	rsen					
Mailing Address	62 Dwight St. Apt. 1							02 16 2011								
City Brookline			ate IA	Zip Code 02446				Amount of Each Disbursement this Pe								
Purpose of Disburse PAYROLL	ement				Ī			L.					.9	16.77		
Candidate Name						ategory Type	y /									
Office Sought:	House Senate President		ent For: Primary Other (spe	General ecify) ▼												
	istrict:															
Full Name (Last, Fire ANTONY FERRU								Date	of D	isbu	rsen					
Mailing Address	62 Dwight St. Apt. 1							0 ^M 2	М	′	03	3 /	ž	0 1 1	Y	
City Brookline	•		ate IA	Zip Code 02446				Amou	unt o	of Ea	ch C	isburse		-		
Purpose of Disburse Reimbursement									_	_	_		1	68.00)	
Candidate Name						ategory Type	y /									
Office Sought:	House Senate President		ent For: Primary Other (spe	General ▼				Vend in cal	or n lend	not p lar y	oaid /ear	over S	\$200)		
State:	istrict:			· 												
													004	01.55		

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 17/37
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	o and address of any pointed			
Massachusetts Republican State Congress	sional Committee			
Full Name (Last, First, Middle Initial) KAITLYN GREELEY			Transaction ID: Date of Disburser	
Mailing Address 34 Fresno St.			02 03	2011
City Rosindale	State Zip Code MA 02131		Amount of Each I	Disbursement this Period
Purpose of Disbursement Reimbursement				263.03
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Sprint			Transaction ID: Date of Disburser	ment
Mailing Address 6391 Sprint Parkway			02 03	3 2011
City Overland Park	State Zip Code KS 66251		Amount of Each [Disbursement this Period
Purpose of Disbursement Phone Bill				263.03
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)				00.0
KAITLYN GREELEY			Transaction ID: Date of Disburser	ment
Mailing Address 34 Fresno St.			02 02	2 2011
Rosindale	State Zip Code MA 02131		Amount of Each D	Disbursement this Period
Purpose of Disbursement PAYROLL				968.63
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)			
State: District:	- ·			
SUBTOTAL of Disbursements This Page (optional)		>		1494.69

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)						UMBE	R:			PA	AGE	18/	37
ITEMIZED DISBURSEMENTS		category of the Summary Page		_	21b 27	F	22 28a	П	23 28b		24 28c	F	25 29	26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam														5
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Con	nmittee												
Full Name (Last, First, Middle Initial) KAITLYN GREELEY Mailing Address 34 Fresno St.							Date		sburs				0 1 1	Y
City Rosindale	State MA	Zip Code 02131					Amou	nt o	f Each	ı D	isburse	men	t this F	Period
Purpose of Disbursement PAYROLL				•	·		<u></u>					5	54.91	
Candidate Name					egory/ /pe									
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼												
Full Name (Last, First, Middle Initial) NATHAN LITTLE							Date	of D	sburs	em				V
Mailing Address 83 Concreve St.							0 ^M 2	М	1	1 5		Ž	0 1 1	Y
City Boston	State MA	Zip Code 02131					Amou	nt o	f Each	ı D	isburse	-		
Purpose of Disbursement Reimbursement							L.					2	26.94	
Candidate Name					egory/ /pe									
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼												
Full Name (Last, First, Middle Initial) At&T							Trans		-		SB.47	,		
Mailing Address PO BOX 536216							0 ^M 2	М	/ D	1 5		Ž	0 1 1	Y
City ATLANTA	State GA	Zip Code 30353					Amou	nt o	f Each	ı D	isburse	-		
Purpose of Disbursement Phone Bill							L.					1	54.99	
Candidate Name Office Sought: House Disburse	ement For:				egory/ /pe									
Office Sought: House Disburse Senate President	Primary Other (spe	General ▼												
State: District:								_		_		_		
SUBTOTAL of Disbursements This Page (optional)					. ▶		L.					9	36.84	

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	;)	FOR LIN		E NUMBER: PAGE 19/37									
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	22	۱ ا	23	3 8b	24 28c		25 29	26 30b			
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			any persor	n for the	pui	rpose (of sc	liciting c		outions				
NAME OF COMMITTEE (In Full)														
Massachusetts Republican State Congres	sional Committee													
Full Name (Last, First, Middle Initial) Bowdoin Square Exxon						action of Disb		SB.48 ement	3					
Mailing Address 239 Cambridge St				O	2 '	M /	^D 1	5 /	Ž	01	I			
City Boston	State Zip Code MA 02114			An	noui	nt of E	ach	Disburse	emen	t this I	Period			
Purpose of Disbursement Travel Expenses					-				1	32.00)			
Candidate Name			ategory/ Type											
Senate President	ement For: Primary General Other (specify)													
State: District:														
Full Name (Last, First, Middle Initial) NATHAN LITTLE				Da	te c	of Disb	urse							
Mailing Address 83 Concreve St.				O	2 '	M /	0	2 /	Ž	0 1 1	ľ			
City Boston	State Zip Code MA 02131			An	noui	nt of E	ach	Disburse		-	-			
Purpose of Disbursement PAYROLL									21	76.57				
Candidate Name			ategory/ Type											
Senate President	ement For: Primary General Other (specify)													
State: District:														
Full Name (Last, First, Middle Initial) NATHAN LITTLE				Da	te c	of Disb	urse				_			
Mailing Address 83 Concreve St.				lo ₀	2	M /	^D 1	6 /	Ž	0 1 1	l			
City Boston	State Zip Code MA 02131			An	noui	nt of E	ach	Disburse		-				
Purpose of Disbursement PAYROLL									21	34.50)			
Candidate Name			ategory/ Type											
Senate President	ement For: Primary General Other (specify)													
State: District:														
SUBTOTAL of Disbursements This Page (optional)			<u></u>						44	43.07				

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LIN	E NUMBER: PAGE 20 / 37
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any persor	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Massachusetts Republican State Congress	ional Committee		
Full Name (Last, First, Middle Initial) NATHAN LITTLE			Transaction ID: SB.33 Date of Disbursement
Mailing Address 83 Concreve St.			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} & \begin{smallmatrix} M \\ \end{smallmatrix} & \begin{bmatrix} D \\ O \end{smallmatrix} & \begin{bmatrix} D \\ O \end{smallmatrix} & \begin{bmatrix} D \\ O \end{bmatrix} & \begin{bmatrix} Y \\ O \end{smallmatrix} & \begin{bmatrix} Y \\ O \end{smallmatrix} & \begin{bmatrix} Y \\ O \end{smallmatrix} & \begin{bmatrix} Y \\ O \end{bmatrix} & \begin{bmatrix} Y \\ O$
,	State Zip Code MA 02131		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL			2176.58
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) MELISSA LUCAS			Transaction ID: SB.10 Date of Disbursement
Mailing Address 22 Slayton Rd.			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
,	State Zip Code MA 02176		Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Consultant - Party Only			2863.92
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) MELISSA LUCAS			Transaction ID: SB.40 Date of Disbursement
Mailing Address 22 Slayton Rd.			02 7 2 2 7 2 0 1 1
	State Zip Code MA 02176		Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Consultant - Party Only			2665.80
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional) .		>	7706.30

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			IUMBER:		PA	GE 21/	37
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 <u>`</u>	ck only o	one) 1 22	7 23	□ 24	☐ 25	☐ 26
	Detailed Summary Page		27	28a	28b	28c	29	30b
Any Information copied from such Reports and Stateme								
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	Committee	e to solic	SIL CONTINOL	utions ire	om such c	ommittee	!
Massachusetts Republican State Congressi	onal Committee							
<u> </u>								
Full Name (Last, First, Middle Initial) MAGAN MUNSON					tion ID: Disburse	SB.23		
				M M		5 / Y	ž 0 1	Υ
Mailing Address 209 Bunker Hill Apt. 1				0 2		5	201	1
•	State Zip Code			Amount	of Each	Disburse	ment this	Period
Charlestown Purpose of Disbursement	MA 02129						100.0	0
Reimbursement				-				
Candidate Name		Categor Type	ry/					
Office Sought: House Disburser	nent For:	1 7 00						
	Primary General							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)				Transac	tion ID:	SB.52		
USPS				Date of	Disburse	ement		
Mailing Address JFK STATION				0 2	/ 1	5 / Y	ž 0 1	1 Y
•	State Zip Code MA 02110			Amount	of Each	Disburse		
Purpose of Disbursement Permit Renewal		•					100.0	0
Candidate Name		Categor Type	ry/					
President	nent For: Primary General Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) MAGAN MUNSON				Date of	Disburse		V * V	V
Mailing Address 209 Bunker Hill Apt. 1				0 ^M 2 M	1	6 / Y	žoť	1
	State Zip Code MA 02129			Amount	of Each	Disburse		
Purpose of Disbursement PAYROLL							1451.8	/
Candidate Name		Categor Type	ry/					
President	nent For: Primary General Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional)			<u> </u>				1651.8	7
TOTAL This Period (last page this line number only) .			•					

В.

C.

FE6AN026

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	s)		OR LIN			R:		PA	AGE	22 /	37
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	I —	21b 27	F	22 28a	\vdash	:3 !8b	24 28c		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				y persor		the pu	ırpose	of so	oliciting c		outions	
NAME OF COMMITTEE (In Full)												
Massachusetts Republican State Congress	sional Committee											
Full Name (Last, First, Middle Initial) MAGAN MUNSON						Date	of Disl	ourse				
Mailing Address 209 Bunker Hill Apt. 1						0 ^M 2	M /	٥2	2 /	ž	01	Y
City Charlestown	State Zip Code MA 02129					Amou	ınt of E	Each	Disburse	-		
Purpose of Disbursement Reimbursement		Т	v							_ 2	20.40)
Candidate Name		C		egory/ vpe								
Senate President	ement For: Primary General Other (specify)	,										
State: District:					+							
Full Name (Last, First, Middle Initial) JetBlue						Date	of Disl	ourse			· · · · · ·	V
Mailing Address 1 Harborside Dr						0 ^M 2	M /	^D 2	^D / (Ž	0 1 1	Ť
,	State Zip Code MA 02128					Amou	ınt of E	Each	Disburse	-		
Purpose of Disbursement Travel Expenses						L.				2	20.40)
Candidate Name		C		egory/ vpe								
Senate President	ement For: Primary	!										
State: District:												
Full Name (Last, First, Middle Initial) MAGAN MUNSON						Date	saction of Disl	ourse		/ · V		V
Mailing Address 209 Bunker Hill Apt. 1						0 2	IVI /	0	2 /	2	01	
City Charlestown	State Zip Code MA 02129					Amou	ınt of E	Each	Disburse	emen	t this I	Period
Purpose of Disbursement PAYROLL						L.				14	51.87	
Candidate Name		7		egory/ vpe								
Senate President	ement For: Primary General Other (specify) \(\psi\)	1										
State: District:												
SUBTOTAL of Disbursements This Page (optional)							•			18	92.67	

В.

C.

SCHEDULE B (FEC Form 3X)						E NUMBER: PAGE 23/37									
ITEMIZED DISBURSEMENTS	for each category of the		(check	<u> </u>	,		00	_	٦.,	_	1 05				
	Detailed Summary Page	9	X 21b	' H	22 28a	Н	23 28b	\vdash	24 28c	-	25 29	\square	26 30b		
Any Information copied from such Reports and Statemen												S			
or for commercial purposes, other than using the name	and address of any politic	cal con	nmittee to	solici	it conti	ribut	ions fr	rom	such o	comr	nittee				
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressi	anal Committee														
Massachusetts nepublican State Congressi	onai Committee														
Full Name (Last, First, Middle Initial)					Trans										
MAGAN MUNSON						_	isburs		_			14			
Mailing Address 209 Bunker Hill Apt. 1					0 ^M 2	М	[′] D	ว] / [Ž	0 1	1			
City	itate Zip Code MA 02129				Amou	ınt o	f Each	n Di	sburse	men	t this	Period	_		
Purpose of Disbursement Reimbursement			•	1						1	56.00)			
Candidate Name			ategory/ Type	1											
	nent For: Primary Genera Other (specify) ▼														
State: District:															
Full Name (Last, First, Middle Initial) At&T							ion ID isburs		SB.50 ent						
Mailing Address PO BOX 536216					0 ^M 2	М	/ D) 3 3	/ Y	Ž	0 1	1 Y			
	state Zip Code GA 30353				Amou	ınt o	f Each	n Di	sburse	men	t this	Period	_		
Purpose of Disbursement Phone Bill		\Box	•	1			-			1	40.00)			
Candidate Name			ategory/ Type												
President	nent For: Primary Genera Other (specify)	ıl													
State: District: Full Name (Last, First, Middle Initial)					_			. ,	0054						
USPS							isburs	em	ent	· · ·	, ° V,	V			
Mailing Address JFK STATION					0 ^M 2	IWI	′	ว	J L	2	0 1	1			
	itate Zip Code MA 02110				Amou	ınt o	f Each	n Di	sburse	men	t this	Period	_		
Purpose of Disbursement Overnight Shipping					<u></u>		-				16.00)	_		
Candidate Name			ategory/ Type												
President	nent For: Primary Genera Other (specify) ▼	ıl													
State: District:													_		
SUBTOTAL of Disbursements This Page (optional)				<u> </u>						3	12.00)			
TOTAL This Period (last page this line number only) .			1	•											

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
		27	28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB.14
JENNIFER NASSOUR			Date of Disbursement
Mailing Address 49 Chelsea St.			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 1 \\ 0 & 1 & 1 \end{bmatrix}$
City Charleston	State Zip Code MA 02129		Amount of Each Disbursement this Period
Purpose of Disbursement	WA 02129	•	266.01
Reimbursements			
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate	ement For: Primary General	71	
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Bowdoin Square Exon			Transaction ID: SB.45 Date of Disbursement
<u> </u>			02 03 / 2011
Mailing Address 239 Cambridge St			03 2011
City Boston	State Zip Code MA 02114		Amount of Each Disbursement this Period
Purpose of Disbursement	02114		164.01
Travel Expenses			
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate	ement For: Primary General		
President State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB.46
LAZ Parking			Date of Disbursement
Mailing Address 100 High St			$\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&2&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\0&3\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&1&1\end{smallmatrix}\end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
Boston	MA 02110		00.00
Purpose of Disbursement Parking			22.00
Candidate Name		Category/ Type	
Office Sought: House Disburse	ement For:	. 160	
Senate	Primary General		
State: District:	Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			452.02

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (shook or						R:			P	AGE	25 / 3	37	
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	F	22 28a		23 28b	F	24 28c		25 29	26 30k
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														5
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Con	nmittee												
Full Name (Last, First, Middle Initial) Metro Cab Mailing Address 120 BRAINTREE ST							Date o		sburs				0 1 1	Y
•	State MA	Zip Code 02134					Amou	nt o	f Each	ı C	isburse	emen	t this F	Period
Purpose of Disbursement CAB													80.00)
Candidate Name					gory/ pe									
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼												
Full Name (Last, First, Middle Initial) ADVANTAGE PAYROLL SERVICES							Date o	of D	sburs	en				V
Mailing Address P.O. Box 1330							0 ^M 2	М	/ D	1 6		2	0 1 1	Y
•	State ME	Zip Code 04211					Amou	nt o	f Each	n D	isburse	emer	t this F	Period
Purpose of Disbursement PAYROLL FEE												,2	01.81	
Candidate Name					egory/ pe									
Senate President	ment For: Primary Other (spe	General ccify) ▼												
State: District: Full Name (Last, First, Middle Initial)							Trans	acti	on ID	:	SB.37	,		
ADVANTAGE PAYROLL SERVICES							Date o	of D		en 1 6		Y ` Y	0 1 1	Υ
Mailing Address P.O. Box 1330	_						0 2							
Auburn	State ME	Zip Code 04211					Amou	nt o	f Each	ı C	oisburse	-	t this F 33.47	
Purpose of Disbursement PAYROLL FEE								-	•	•		20	33.4 <i>1</i>	
Candidate Name					gory/ pe									
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General												
State: District:		,, ,												
SUBTOTAL of Disbursements This Page (optional) .			<u></u>		•							23	15.28	

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBED.	PAGE 26/37		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		TAGE 20/3/		
TI EMIZED DIODOTIOEMENTO	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 30b		
Any Information copied from such Reports and Staten		by any person for	or the purpose of solicit	ing contributions		
or for commercial purposes, other than using the nam	e and address of any political	committee to sol	icit contributions from s	such committee		
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee					
Full Name (Last, First, Middle Initial) ADVANTAGE PAYROLL SERVICES			Transaction ID: S Date of Disbursemen	nt		
Mailing Address P.O. Box 1330			02 02	y y o y i		
City Auburn	State Zip Code ME 04211		Amount of Each Disl	bursement this Period		
Purpose of Disbursement PAYROLL FEE				2574.09		
Candidate Name		Category/ Type				
Senate President	ement For: Primary General Other (specify)					
State: District: Full Name (Last, First, Middle Initial)			Towns and the ID O	D. C.		
AMEX			Transaction ID: S Date of Disbursement	-		
Mailing Address PO BOX 1270			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$	2011		
City Newark	State Zip Code NJ 07101		Amount of Each Disl	bursement this Period		
Purpose of Disbursement Credit Card expenses				4488.30		
Candidate Name		Category/ Type				
Senate President	ement For: Primary General Other (specify)					
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: S	B 60		
DELTA AIR LINES			Date of Disbursemen			
Mailing Address P.O. Box 20706			02 03	y y o y 1		
City Atlanta	State Zip Code GA 30320		Amount of Each Disl	bursement this Period		
Purpose of Disbursement CREDIT CARD EXPENSES				84.70		
Candidate Name		Category/ Type				
Senate	ement For: Primary General	. 100	TRAVEL EXPENS	SES		
State: President State:	Other (specify)					
SUBTOTAL of Disbursements This Page (optional)		>		7147.09		

C.

196# 11932402009		
SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 37 (check only one) X 21b
Any Information copied from such Reports and States or for commercial purposes, other than using the name		any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congres	sional Committee	
Full Name (Last, First, Middle Initial) GODADDY.COM		Transaction ID: SB.54 Date of Disbursement
Mailing Address 14455 N HAYDEN RD		02 0 1 1
City SCOTTSDALE	State Zip Code AZ 85260	Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD EXPENSES Candidate Name		125.88 Category/
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)	WEBSITE EXPENSES
Full Name (Last, First, Middle Initial) ICONTACT Mailing Address 5221 PARAMOUNT PAI	RKWAY	Transaction ID: SB.55 Date of Disbursement O 2
City MORRISVILLE	State Zip Code NC 27560	Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD EXPENSES Candidate Name		149.00
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	SOCIAL MEDIA BILL
Full Name (Last, First, Middle Initial) NEWTON MARRIOTT		Transaction ID: SB.62 Date of Disbursement
Mailing Address 2345 COMMONWEALT	H AVE	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City NEWTON	State Zip Code MA 02466	Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD EXPENSES Candidate Name		2774.48 Category/
	ement For: Primary General Other (specify)	ROOM RENTAL FEE, FOOD AND BEVERAGE - PARTY ONLY
SUBTOTAL of Disbursements This Page (optional)		3049.36
or biobarosinonto imo i ago (optionai)	·····	

TOTAL This Period (last page this line number only)

C.

CHEDULE B (FEC Form 3X)						
	Use separate schedule(s)	_	NE NUMBER: PAGE 28 / 3 polly one)	PAGE 28/37		
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	22 23 24 25	26		
Information copied from such Reports and State	nents may not be sold or used	by any perso	28a 28b 28c 29	301		
or commercial purposes, other than using the name				,		
NAME OF COMMITTEE (In Full)						
Massachusetts Republican State Congres	sional Committee					
Full Name (Last, First, Middle Initial)			Transaction ID: SB.61			
SOUTHWEST AIRLINES			Date of Disbursement	Y		
Mailing Address P.O. Box 36647			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
City DALLAS	State Zip Code TX 75235		Amount of Each Disbursement this I	Period		
Purpose of Disbursement CREDIT CARD EXPENSES			240.00)		
Candidate Name		Category/				
		Туре				
Office Sought: House Disburs	ement For: Primary General		TRAVEL EXPENSES			
President	Other (specify)					
State: District:	(1), •					
Full Name (Last, First, Middle Initial)			Transaction ID: SB.59			
UNITED AIRWAYS			Date of Disbursement	V		
Mailing Address 77 W. Wacker Drive			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1		
City	State Zip Code		Amount of Each Disbursement this I	Period		
CHICAGO Purpose of Disbursement	IL 60601		269.70			
CREDIT CARD EXPENSES						
Candidate Name		Category/ Type				
Office Sought: House Disburs	ement For:	. , , , ,	TDAVEL EVDENCES			
Senate	Primary General		TRAVEL EXPENSES			
State: President State:	Other (specify)					
Full Name (Last, First, Middle Initial)			Transaction ID: SB.56			
US AIRWAYS			Date of Disbursement			
Mailing Address 4000 E Sky Harbor Blvd			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	I		
City Phoenix	State Zip Code AZ 85034		Amount of Each Disbursement this I	Period		
Purpose of Disbursement	7.2 0000+		553.40)		
CREDIT CARD EXPENSES						
Candidate Name		Category/ Type				
	ement For:		TRAVEL			
Senate President	Primary General Other (specify) ▼					
State: District:	_ Calor (Specify) \					

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

В.

C.

for each category of the Detailed Summary Page for each category of the Summary Page The Content of the Summary Page For each category of the Summary Page For	SCHEDULE B (FEC Form 3X) Use separate sche		arate schedule(s)									GE 29/37				
An AME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Bank of America Maling Address 104 Canal St City Boston Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Bost of Disbursement CREDIT CARD PROCESSING FEES Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Boston Maling Address PO Box 4701 City State Zip Code MA 01888 PO Box 4701 City State Zip Code MA 01888 Polate of Disbursement this Period Maling Address PO Box 4701 City State Zip Code MA 01888 Polate of Disbursement Other (specify) Transaction ID: SB.29 Date of Disbursement Office Sought: House Cardidate Name Category' Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Maling Address 1020 Commonwealth Avenue City Boston Office Sought: House State Zip Code MA 02215 Purpose of Disbursement Maling Address 1020 Commonwealth Avenue City Boston Office Sought: House Senate President State: District: District: Amount of Each Disbursement this Period Office Sought: House President State: District: District:	ITEN	IIZED DIS	BURSEMEN	ITS	for each	category of the (١.	X 21b		22	\square		_	F	ı	26 30b
Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Bank of America Mailing Address 104 Canal St City Boston MA 02114 Purpose of Disbursement CREDIT CARD PROCESSING FEES Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD Mailing Address PO Box 4701 City Woburn MA 01888 Purpose of Disbursement Hore: Senate Purpose of Disbursement Health Insurance Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City Mailing Address 1020 Commonwealth Avenue City State: District: Full Name (Last, First, Middle Initial) Centrury TyPE INC. Mailing Address 1020 Commonwealth Avenue City Boston MA 02215 Purpose of Disbursement President State: District: Full Name (Last, First, Middle Initial) Centrury TyPE INC. Mailing Address 1020 Commonwealth Avenue City Boston State: District: District: District: District: District: District: District: District: District: Amount of Each Disbursement this Period Amount of Each Disbursement Office Sought: Autour of Each Disbursement Office Sought: Autour of Each Disbursement this Period Amount of Each Disbursement Office Sought: Autour								ny perso		the pu	ırpos	e of so	liciting c		butions	
Full Name (Last, First, Middle Initial) Bank of America Mailing Address 104 Canal St City State Zip Code BoSton MA 02114 Purpose of Disbursement CREDIT CARD PROCESSING FEES Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD City Senate President State: District: Full Name (Last, First, Middle Initial) City State Zip Code Woburn MA 01888 Purpose of Disbursement His Period Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) City Senate President Other (specify) ▼ Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 Purpose of Disbursement City State Zip Code MA 02215 City City State Zip Code MA 02215 City State Zip Code MA 02215 City City State Zip Code MA 02215 City City State Zip Code MA 02215 City City State Main City State Xip Code MA 02215 City City State Xip Code MA 02215 City City State Xip Code MA 02215 City City City State Xip Code MA 02215 City City City State Xip Code MA 02215 City City City City Ci	\ NA	ME OF COM	IITTEE (In Full)													
Bank of America Mailing Address 104 Canal St City State Zip Code Boston Boston MA 02114 Purpose of Disbursement CREDIT CARD PROCESSING FEES Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD Mailing Address PO Box 4701 City State Zip Code MA 01888 Purpose of Disbursement Health Insurance Candidate Name Office Sought: House Primary General Category' Office Sought: House Senate Primary General City State Zip Code MA 01888 Purpose of Disbursement Health Insurance Candidate Name Office Sought: House Senate Primary General State: District: Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code MA 02215 Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code MA 02215 Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code MA 02215 Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code MA 02215 Purpose of Disbursement Priming Company Candidate Name Office Sought: House Senate Primary General Category' Type Office Sought: House Senate Primary General Category' Type Office Sought: House Senate Primary General State: District: Other (specify) ▼ Amount of Each Disbursement this Period Amount of Each Disbursement His Period Amount of Each Disbursement His Period Amount of Each Disbursement His Period Office Sought: House Senate Primary General State: District: Other (specify) ▼) Ma	ssachusetts	Republican State	Congress	ional Con	nmittee										
City Boston MA 02114 Purpose of Disbursement CREDIT CARD PROCESSING FEES Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD Mailing Address PO Box 4701 City Woburn Office Sought: House President Senate President State: Disbursement MA 01888 Amount of Each Disbursement this Period Transaction ID: SB.29 Date of Disbursement 02 M										Date	of Dis	sburse	ment			
Boston MA 02114 Purpose of Disbursement CREDIT CARD PROCESSING FEES Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD Mailing Address PO Box 4701 City State Zip Code MA 01888 Purpose of Disbursement His Period Office Sought: House President State: District: Full Name (Last, First, Middle Initial) City State Zip Code MA 01888 Purpose of Disbursement His Period Office Sought: House President State: District: Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code MA 02215 Purpose of Disbursement Pricity I ▼ State Zip Code Purpose of Disbursement Pricity I ▼ Category/ Type Transaction ID: SB.38 Date of Disbursement Disbursement Disbursement Pricity I ▼ Category/ Type Amount of Each Disbursement Disbursem	Mai	iling Address	104 Canal St							0 ^M 2	M /	^D 2	8 /	2	0 1 1	Y
CREDIT CARD PROCESSING FEES Candidate Name Office Sought: House Primary General Primay Date of Disbursement For: Full Name (Last, First, Middle Initial) Propose of Disbursement Health Insurance Cardidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State: Disbursement Primary General Other (specify) ▼ Transaction ID: SB.29 Date of Disbursement His Period Amount of Each Disbursement this Period Amount of Each Disbursement In Insurance Category/ Type Transaction ID: SB.38 Date of Disbursement For: Senate Primary General Other (specify) ▼ Transaction ID: SB.38 Date of Disbursement In Insurance City State: District: Transaction ID: SB.38 Date of Disbursement In Insurance City State: City State Zip Code MA 02215 Purpose of Disbursement Primiting Company Cardidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Amount of Each Disbursement In Insurance In Insurance Insu										Amou	ınt of	Each	Disburs	-	-	
Office Sought:	Pur CR	pose of Disbu EDIT CARD F	rsement PROCESSING FEES	}						<u></u>	_			. 3	54.51	
Senate President District: Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD Mailing Address PO Box 4701 City State Zip Code Woburn MA 01888 Purpose of Disbursement Health Insurance Candidate Name Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code Bacton MA 02215 Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code Boston MA 02215 Purpose of Disbursement Printing Company Candidate Name Disbursement For: Senate Primary General Printing Company Candidate Name Disbursement For: Senate Primary General Printing Company Candidate Name Disbursement For: Senate Primary General Primar	Car	ndidate Name														
Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD Mailing Address PO Box 4701 City State Zip Code Woburn MA 01888 Purpose of Disbursement Health Insurance Candidate Name Other (specify) ▼ City Senate Primary General Other (specify) ▼ Category/ Type Transaction ID: SB.29 Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Transaction ID: SB.38 Date of Disbursement ID: SB.3	Offi	ice Sought:	Senate	Disburse	Primary											
BLUE CROSS BLUE SHIELD Mailing Address PO Box 4701 City Moburn MA 01888 President President State: District: Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City Boston MA 02215 Purpose of Disbursement House State Primary General O22 / Y 2 0 1 1 √																
City Woburn NA State Woburn NA O1888 Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address City Boston City Boston Purpose of Disbursement Printing Company Candidate Name Office Sought: House Senate Primary General Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: Office S		•	,							Date	of Dis	sburse	ement		,	V
Woburn MA 01888 Purpose of Disbursement Health Insurance Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code Boston MA 02215 Purpose of Disbursement Printing Company Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period 420.00 Amount of Each Disbursement this Period Office Sought: House Senate Primary General Other (specify) ▼ State: District:	Mai	iling Address	PO Box 4701							0 2	М /	1	5 /	` 2	011	<u> </u>
Health Insurance Candidate Name Office Sought:										Amou	ınt of	Each	Disburse			
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code Boston MA 02215 Purpose of Disbursement Printing Company Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Disbursement For: General Other (specify) ▼ Amount of Each Disbursement this Period Amount of Each Disbursement this Period Office Sought: House Senate Primary General Other (specify) ▼ State: District:		•	rsement				$\overline{}$				_			.4	80.73	
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code Boston MA 02215 Purpose of Disbursement Printing Company Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Senate Primary General Other (specify) ▼ State: District:																
Full Name (Last, First, Middle Initial) CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code Boston Purpose of Disbursement Printing Company Candidate Name Disbursement For: Senate Primary General Other (specify) Other (specify)		-	Senate President	Disburse	Primary											
CENTURY TYPE INC. Mailing Address 1020 Commonwealth Avenue City State Zip Code Boston MA 02215 Purpose of Disbursement Printing Company Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District:																
City State Zip Code MA 02215 Purpose of Disbursement Printing Company Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: State Zip Code MA 02215 Amount of Each Disbursement this Period 420.00										Date	of Dis	sburse	ement		,	V
Boston MA 02215 Purpose of Disbursement Printing Company Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District:	Mai	iling Address	1020 Common	wealth Av	enue					0 2	,	້2	2 ′	2	011	
Printing Company Candidate Name Category/ Type Office Sought:										Amou	ınt of	Each	Disburse	-		
Office Sought: House	Prir	nting Company								L.		-		. 4	20.00	
Senate	Car	ndidate Name														
SUBTOTAL of Disbursements This Page (optional)		-	Senate President	Disburse	Primary											
	SUBT	OTAL of Disb	ursements This Page	e (optional) .				▶						12	55.24	
TOTAL This Period (last page this line number only)																

В.

C.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 30/37 Use separate schedule(s) (check only one) for each category of the 21b 22 23 24 25 26 Detailed Summary Page 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Transaction ID: SB.7 CHARLESTOWN SELF STORAGE Date of Disbursement 0 3้ 0 2 2011 Mailing Address 50 Terminal St. City State Zip Code Amount of Each Disbursement this Period Charlestown MA 02129 624.00 Purpose of Disbursement Storage Unit Candidate Name Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB.16 COMCAST Date of Disbursement 0 3้ 0 2 2011 Mailing Address PO Box 196 City State Zip Code Amount of Each Disbursement this Period Newark NJ 07101 104.61 Purpose of Disbursement Internet Bill Candidate Name Category/ Туре Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB.25 DIRECT MAIL SYSTEMS Date of Disbursement 2011 Mailing Address 12450 Automobile Boulevard City State Zip Code Amount of Each Disbursement this Period Clearwater FL 33762 6073.76 Purpose of Disbursement Fundraising - Party Only Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 6802.37 SUBTOTAL of Disbursements This Page (optional) \blacktriangleright

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 31/37
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any political	Committee to soi	icit contributions from such committee
Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) DIRECTV			Transaction ID: SB.26
			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 60036			02 15 2011
City Los Angeles	State Zip Code CA 90060		Amount of Each Disbursement this Period
Purpose of Disbursement	0,1		49.34
Cable Bill Candidate Name		Category/	
		Type	
Office Sought: House Disburse Senate	ement For: Primary General		
President	Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
Doubletree Hotel Boston/Milford			Transaction ID: SB.17 Date of Disbursement
Mailing Address 11 Beaver Street			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ Z & O & 1 & 1 \end{bmatrix}$
	Ctata Zin Cada		Amount of Fool Dishuran areat this David
City Milford	State Zip Code MA 01757		Amount of Each Disbursement this Period
Purpose of Disbursement Event room, food & drink - Party Only			14380.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate	ement For: Primary General		
President	Primary General Other (specify) ▼		
State: District:	-		
Full Name (Last, First, Middle Initial) Doubletree Hotel Boston/Milford			Transaction ID: SB.30 Date of Disbursement
Mailing Address 11 Beaver Street			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} \ $
City Milford	State Zip Code MA 01757		Amount of Each Disbursement this Period
Purpose of Disbursement		· ·	1941.04
Event room, food & drink - Party Only Candidate Name		Category/	
		Type	
Office Sought: House Disburse Senate	ement For: Primary General		
President State: District:	Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			16370.38

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	and dadrood or any pointed		
Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) FEDEX			Transaction ID: SB.24 Date of Disbursement
Mailing Address P.O. Box 371461			0 2 1 5 5 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City Pittburg	State Zip Code PA 15250		Amount of Each Disbursement this Period
Purpose of Disbursement Shipping fees		0	13.65
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)	31-	
State: District:			
Full Name (Last, First, Middle Initial) FEDEX			Transaction ID: SB.28 Date of Disbursement
Mailing Address P.O. Box 371461			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 5 \\ 1 & 5 \end{bmatrix} / \begin{bmatrix} 1 & 2 & 2 & 1 & 1 \\ 2 & 2 & 0 & 1 & 1 \end{bmatrix}$
•	State Zip Code		Amount of Each Disbursement this Period
Pittburg	PA 15250		32.94
Purpose of Disbursement Shipping fees		•	02.0
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE			Transaction ID: SB.12 Date of Disbursement
Mailing Address 324 25th Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & O & D \\ O & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix} $
City Ogden	State Zip Code UT 84201		Amount of Each Disbursement this Period
Purpose of Disbursement			684.36
Overdue Income Tax Return Bill Candidate Name		Catagony	
Candidate Ivallie		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		>	730.95

C.

ge# 11932402073			
SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person fo	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) KAUPPI COMMUNICATIONS			Transaction ID: SB.18 Date of Disbursement
Mailing Address PO Box 152			02 15 7 2011
City West Groton	State Zip Code MA 01472		Amount of Each Disbursement this Period
Purpose of Disbursement Communcation Consultant Candidate Name		Category/	3000.00
Office Sought: House Senate President State: District:	ement For: Primary	Туре	
Full Name (Last, First, Middle Initial) KAUPPI COMMUNICATIONS			Transaction ID: SB.27 Date of Disbursement O 2 15 2011
Mailing Address PO Box 152			0 2 1 5 / 2 0 1 1
City West Groton	State Zip Code MA 01472		Amount of Each Disbursement this Period
Purpose of Disbursement Communication Consultant Candidate Name		Category/	3000.00
Senate President	ement For: Primary General Other (specify)	Туре	
State: District: Full Name (Last, First, Middle Initial)			
KONICA MINOLTA BUSINESS SOLUTION	NS		Transaction ID: SB.42 Date of Disbursement
Mailing Address 21146 Network Place			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix}$
City Chicago	State Zip Code IL 60673		Amount of Each Disbursement this Period
Purpose of Disbursement Copier bill			767.38
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:	·		
SURTOTAL of Dishursements This Page (ontional)			6767.38

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 34/37
TEMIZED DISBURSEMENTS	for each category of the	(check only	7 one) 7 22	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
/ Massachusetts Republican State Congress	sional Committee			
Full Name (Last, First, Middle Initial)			Transaction ID: S	B.19
OX-EYE PROPERTIES			Date of Disbursemer	
Mailing Address 117 South 14th St. Ste. 300			02 15	Y ŽOŠI
City Richmond	State Zip Code VA 23219		Amount of Each Dist	oursement this Period
Purpose of Disbursement	23219	-		4434.00
Rent				
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:	Турс		
Senate	Primary General			
President State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: S	 R <i>1</i> 1
POLAND SPRING			Date of Disbursemer	
Mailing Address P.O. Box 856192			0 2 D 2 2	2011
City Louisville	State Zip Code KY 40285		Amount of Each Dist	oursement this Period
Purpose of Disbursement		• •		18.41
Water bill Candidate Name		Category/		
Cardidate Name		Type		
	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Carlor (oposity)			
Full Name (Last, First, Middle Initial)			Transaction ID: S	
STAPLES			Date of Disbursemer	
Mailing Address PO Box 689020			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$	2011
	State Zip Code		Amount of Each Disk	oursement this Period
Des Moines	IA 50368			126.47
Purpose of Disbursement Office Supplies				120.47
Candidate Name		Category/		
Office Sought: House Disburse	ement For:	Туре		
Senate	Primary General			
President	Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				4578.88

C.

00UEDU E D (EEO E 0)()			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	c and address of any pointed		on contributions from such committee
Massachusetts Republican State Congress	sional Committee		
Full Name (Last, First, Middle Initial) U.S. POSTAL SERVICE			Transaction ID: SB.15 Date of Disbursement
Mailing Address 1165 2nd Ave.			0 2 Disburschick
City Des Moines	State Zip Code IA 50318		Amount of Each Disbursement this Period
Purpose of Disbursement BRE Permit			250.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)	,,	
State: District:			
Full Name (Last, First, Middle Initial) U.S. POSTAL SERVICE			Transaction ID: SB.21 Date of Disbursement
Mailing Address 1165 2nd Ave.			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 5 \\ 0 & 1 & 5 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 1 & 1 \\ 0 & 2 & 0 & 1 & 1 \end{bmatrix}$
City Des Moines	State Zip Code IA 50318		Amount of Each Disbursement this Period
Purpose of Disbursement BRE Permit		• •	500.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) VERIZON PHONE			Transaction ID: SB.20 Date of Disbursement
Mailing Address PO Box 1100			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{smallmatrix} \end{bmatrix} $
	State Zip Code NY 12250		Amount of Each Disbursement this Period
Purpose of Disbursement Phone bill			610.98
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			1360.98

TOTAL This Period (last page this line number only)

72332.02

PAGE 36 / 37 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original Debt for telemar-keting non-fea **FLS Connect** Mailing Address 7300 Hudson Blvd. Ste City State ZIP Code Saint Paul MN 55128 Outstanding Balance Beginning This Period Transaction ID: LS91217.E11763 3910.20 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3910.20 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170 Outstanding Balance Beginning This Period Transaction ID: LS90513.E11275 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 State ZIP Code City Philadelphia PΑ 19170 Outstanding Balance Beginning This Period Transaction ID: LS90513.E11276 250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 250.00 4410.20 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 37 / 37 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Original debt for research party related Lexis-Nexis Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170 Outstanding Balance Beginning This Period Transaction ID: LS90513.E11277 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1250.00 0.00 0.00 1250.00 1) SUBTOTALS This Period This Page (optional)..... 5660.20 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

5660.20